

Effective October 1, 2000

Application or Docket Number

69774111

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN		
TC	OTAL CLAIMS	.==-	(Column 1)		(Column 2)		_	TYPE		OR •	SMALL		
			L)					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMB	NUMBER EXTRA		ASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			23 minus 20=		- 3			X\$ 9=		OR	X\$18=	54	
INDEPENDENT CLAIMS			minus 3 =		2			X40=		OR	X80=	160	
MU	JLTIPLE DEPEN	IDENT CLAIM P					+135=		OR	+270=	100		
* If the difference in column 1 is less than zero, enter						olumn 2	<u> </u>	TOTAL		OR	TOTAL	924	
CLAIMS AS AMENDED - PART II											OTHER	THAN	
(Column 1) (Column 2) (Column							5					ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X40=		OR	X80=		
L	FIRST PRESE	NTATION OF M	JLTIPLE DEI	PENDEN	CLAIM			+135=		OR	+27.0=		
							<u> </u>	TOTAL		OR	TOTAL		
		(Column 1)		(Colum	O\	(Calumn 0)	AD	DIT. FEE		ابار) ا	ADDIT. FEE		
		(Column 1) CLAIMS		(Colu	IEST	(Column 3)			ADDI-			ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID		PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X40=			X80=	· · · · · · · · · · · · · · · · · · ·	
_	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		\vdash	7,10-		OR	7,00-		
								+135=		OR	+270=		
						•	AD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colui	mn 2)	(Column 3)							
၁		CLAIMS REMAINING		HIGH NUM	IÉST			· ·	ADDI-			ADDI-	
		AFTER AMENDMENT		PREVIO PAID	YJZUC	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
AMENDMENT	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	,	
	Independent	*	Minus	***		=		X40=			X80=		
┖	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDEN	CLAIM		-	∧4U= 		OR			
+135= * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE		
		mber Previously Pa ber Previously Pai						_	ropriate box				